



ASSOCIATION CANINE CHARLEVOISIENNE

Conformation

- Saturday July 9 AM
- Saturday July 9 PM
- Sunday July 10 AM
- Sunday July 10 PM

Obedience

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MAIL TO :

Pascale Pontois
 1890, Rg des Chutes
 Ste Ursule (Qc), J0K 3M0
 Catalog \$8.00 (pre-ordered only)

ENTRIES CLOSE : JUNE 29 , 9:00PM

BREED		VARIETY	SEX
CONFORMATION <input type="checkbox"/> Junior Puppy <input type="checkbox"/> Bred by Exhibitor <input type="checkbox"/> Senior Puppy <input type="checkbox"/> Open <input type="checkbox"/> 12-18 Months <input type="checkbox"/> Special Only <input type="checkbox"/> Canadian Bred <input type="checkbox"/> Baby Puppy <input type="checkbox"/> Exhibition Only		OBEDIENCE Novice A <input type="checkbox"/> B <input type="checkbox"/> Pre-Novice <input type="checkbox"/> Open A <input type="checkbox"/> B <input type="checkbox"/> Novice C <input type="checkbox"/> Utility A <input type="checkbox"/> B <input type="checkbox"/> Novice Int. <input type="checkbox"/> Jump heights _____	
REG. NAME OF DOG			
CHECK ONE <input type="checkbox"/> CKC REG. NO <input type="checkbox"/> CKC MISC. CERT. NO <input type="checkbox"/> CKC ERN NO <input type="checkbox"/> LISTED ENTER NUMBER HERE _____		DATE OF BIRTH D M Y	PUPPY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		PLACE OF BIRTH <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE	
BREEDER(S)			
SIRE			
DAM			
REG'D OWNER(S)			
OWNER'S ADDRESS			
CITY		PROV.	PC
NAME OF OWNER'S AGENT			
AGENT'S ADDRESS			
CITY		PROV	PC
MAIL I.D. TO <input type="checkbox"/> OWNER OR <input type="checkbox"/> AGENT			
• VISA • MASTERCARD 3 chiffres contrôle Arrière _____ CARTE # _____ DATE D'EXPIRATION ____/____/____ NOM DU TITULAIRE DE LA CARTE _____			

I accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

SIGNATURE OF OWNER OR AGENT

TELEPHONE NO.